



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	14 September 2022
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0037922

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for following an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 32 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 14 September 2022	10:00hrs to 18:15hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

This was an unannounced one day risk inspection to monitor the regulations and to follow up on the previous inspection findings on March 2022. St Columban's College is within the Columban Missionaries, a three storey building, with the designated centre confirmed on the ground floor only. The remaining areas including the first and second floor are not part of the designated centre.

The centre is registered to accommodate 32 beds with a mixture of low to high dependency residents. On the day of the inspection, 20 were in the centre. Due to significant fire safety risks identified in a fire safety risk assessment (FSRA) undertaken on 17 January 2022, a restrictive condition was placed on the registration for the provider to address all red and orange rated risks identified in the FSRA by 31 March 2023. The purpose of this condition is to ensure that the registered provider will ensure the safety of residents living at the centre and will address the regulatory non-compliance in respect of fire precautions.

The provider had been proactive in identifying the fire safety risks and had put in some appropriate mitigating measures to reduce risks. For example, a review of residents profiles was carried out to ensure only low dependency residents were accommodated in the centre, the laundry facilities were relocated to the Columban Missionaries building and the gas supply to this room was terminated. A previous tea station was no longer in use, tea and cooking facilities along with storage items have also been removed from this area.

The inspector was met by a senior staff member and then later joined by the person in charge, who facilitated the inspection. This inspection included a focused review of fire precautions. Following an introductory meeting, the inspector was accompanied by the maintenance staff member on a walk-through of the centre. During this walk through, significant fire safety risks were identified.

During the walk through the inspector observed that residents living in the adjoining Columban Missionaries building were mixing with the residents in the designated centre. However, the doors separating the residence from the centre were not secure, so anybody could freely wander from one to the other. This posed a potential risk to both the residents in the centre and to the adjoining residence.

The centre was clean, tidy and overall well maintained. It was bright and warm and appeared to be a comfortable, calm and peaceful place to live. Residents were observed to be out of the bedrooms, relaxing in the day space facilities and were seen coming and going from outdoor walks.

## Capacity and capability

Maynooth Mission to China (incorporated) is the registered provider. The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to support an applications to renew registration. The provider had applied to reduce the occupancy and had converted an existing bedroom into a linen sorting facility.

On this inspection, the oversight of fire safety management and systems to identify fire safety risks were not effective to ensure the safety of residents living in the centre. Significant fire safety risks were found and immediate action was required by the provider to address those risks during the inspection. This was evidenced by the following examples:

- An electrical lift machine room was located under a stair enclosure. The doors to the machine room were not fire rated and the machine room under the staircase was not constructed of fire resisting construction. Oil drums were found in the same area and large holes cored through into the adjacent store room/workshop were identified. In addressing the immediate action, the person in charge arranged for the removal of all oil drums from this area. The person in charge gave a commitment to have all holes sealed the next day and assured the inspector the area would be reviewed by a competent fire consultant.
- The inspector identified a store room/workshop adjacent to the lift machine room. The store room had an electrical unit with a power cable that had breached the wall into the lift machine room. Non-fire rated timber and stud work were found in the store room, along with building materials. The provider gave assurances that all storage of building materials and non- fire rated timber stud work would be removed.

The inspector acknowledged that the provider had carried out a fire safety risk assessment on the 17th January 2022. This report identified a number of urgent and necessary works to remedy fire safety issues. Some work had been carried out to mitigate some risks, but progress was slow and deficits in respect of compartmentalisation, containment, means of escape, fire detection and emergency lighting had been identified as per the provider's risk assessment

At the time of the current inspection, there was no plan in place to address fire risks identified in the FSRA. This was a repeated finding from the previous inspection in March 2022.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

## Regulation 23: Governance and management

In consideration of the fire safety matters identified during the inspection, the provider did not ensure that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example:

- The delayed action to adequately address the findings of the fire safety risk assessment from January 2022 and the ineffective interim arrangements to manage those risks.
- Residents living in the adjoining Columban Missionaries building were freely mixing with the residents in the designated centre. The doors separating the residence from the centre were not secure and did not provide effective compartmentation.
- The inspector identified several areas where detection was not provided for. This was evidenced by a lack of detection in a chapel and a linen store room for example.
- Risks were not effectively managed in the centre which was evidenced by the number of risks identified on this inspection that had not been addressed by the provider.

Judgment: Not compliant

## Quality and safety

In view of the fire safety concerns identified during this inspection and the outstanding fire safety works to be completed to the centre, the inspector was not assured that the fire safety arrangements adequately protected residents from the risk of fire in the centre and ensured their safe and effective evacuation in the event of a fire. The provider had failed to effectively manage identified fire safety risks, and had not identifying day-to-day risks found on this inspection.

Action was now required to respond to issues with fire precautions arrangements which were impacting on residents health and safety.

An urgent action plan was issued to the registered provider. Significant non-compliances with regulation 28 were identified during the inspection that required urgent attention to safeguard the safety and wellbeing of the residents.

The inspector identified several areas where detection was not provided for. This was evidenced by a lack of detection in a chapel and a linen store room. As the adjoining areas outside the registered designated centre were interconnected, assurances were required that the current fire detection alarm system extended into those areas as well as the designated centre.

The inspector identified an electrical unit located in a chapel. The unit was not encased in fire-rated construction and a fire door was not present into the chapel. This presented a risk of fire to easily spread from the church and block the means of

escape.

The inspector witnessed residents and staff passing through the adjoining building that was connected to the designated centre. Assurances were required that compartmentation was present and adequately separated the designated centre from the adjoining buildings outside the registered nursing home.

The inspector identified issues in relation to emergency lighting and means of escape. A fire exit door had a dead bolt fitted that was required to be removed and a protected means of escape over 27 meters in length, did not have a cross corridor fire door fitted to prevent smoke logging the corridor in the event of a fire. On the day of the inspection, emergency lighting was inadequate in some areas or missing. This required a review by a competent person to ensure lighting provided the required illumination in the event of a fire emergency and evacuation.

A fire safety risk assessment report was carried out on 17th January 2022. Significant risks were identified, for example, deficiencies in relation to fire doors, compartmentation, means of escape. The provider was required to give assurances on what mitigating measures would be put in place to manage those risks and provide an action plan on how they would be addressed in time.

Training arrangements for staff in respect of fire required improvement by the provider. From a review of training records, not all staff members had received training and training had lapsed for up to three years for some staff. The inspector was informed all staff will receive fire training by end of October 2022.

Containment measures and means of escape were noted by the inspector to be compromised in a number of areas and were of concern, details of which are outlined under regulation 28 fire precautions.

## Regulation 17: Premises

Overall, the premises was clean, bright and maintained to a good standard, however the following issues were identified;

- Damage to ceilings was observed in areas of the centre. For example, at the ceiling above bedroom three
- A door frame was damaged in a store room and was in need of repair
- Fire doors on some corridors were damaged and required repair
- An outdoor courtyard was overgrown and needed some attention
- Doors were noted by the inspector to have holes and required some repair.
- Some areas in the centre were dated and in need of painting and refurbishment.

Judgment: Substantially compliant



## Regulation 28: Fire precautions

The registered provider had failed to take adequate precautions against the risk of fire in the centre and to ensure that residents were protected from the risk of fire. For example:

- An oxygenator was stored in an equipment room. The inspector did not find warning signage to inform the storage of oxygen.
- A kitchen door was found to be wedged open. As the fire door closer mechanism was interfered with, fire and smoke would be able to spread more easily.
- It was unclear where the external fire assembly point was located. The inspector did not find signage to this effect.
- A timber shelter located in an internal courtyard was in use as a smoking area and stored a large quantity of plastic chairs. A fire extinguisher and a metal ashtray were not provided for.

Means of escape including emergency lighting in the centre required a review by the provider. For example:

- The inspector identified a long corridor used as a protected means of escape to be over the maximum travel distance that exceeded 15 metres with no cross corridor fire doors fitted to prevent the corridor becoming smoke logged in the event of a fire.
- The current layout of the centre allows for one escape staircase to open directly into a protected corridor as it is not enclosed. This does not provide adequate means of escape and requires a review. This had been identified in the previous inspection and on the centres fire safety risk assessment.
- The enclosure under a staircase that was used as an electrical lift machine room was not formed of fire resisting construction.
- On the day of the inspection, emergency lighting both internally and externally was inadequate in some areas and missing in other areas. This required a full review by a competent person to ensure the required illumination was provided in the event of a fire emergency and evacuation.

Arrangements to maintain the means of escape and the building fabric were not effective. For example:

- The inspector identified a number of fire exit doors were locked and a break glass holder was installed beside each door. Furthermore, two deadbolts were present on an external fire exit door. All fire exit doors should be readily openable. This required a review in line with the recommendations of the centres fire safety risk assessment.
- A nurses/tea station was observed to be open to a means of escape and contained an electrical cabinet. Storage items, a microwave and tea making facilities had been removed to mitigate the risk of fire blocking the means of escape. However the electrical cabinet still remained and was not encased in

fire resisting materials. This required a review in line with the recommendations of the centres fire safety risk assessment.

- An electrical board was identified in a church. As it was not encased in fire resisting materials and the door to the church was not a fire rated door. This presented a fire risk of fire to easily spread from the church and block the means of escape.

The building fabric was noted by the inspector to be compromised in a number of areas. For example:

- The inspector noted that attic hatches located in the ceiling were not fire rated to ensure the integrity of the fire rated ceiling.
- Breaches through walls and ceilings in areas of the centre required fire sealing to maintain the integrity of the fire rated construction.
- Some fire doors were observed to have holes and were in need of attention.

Arrangements for staff to receive suitable training in fire required a review by the provider. For example:

- From a review of training records, not all staff members had received training and training had lapsed for up to three years for some staff. The inspector was informed all staff will receive fire training by the end of October 2022.

The containment measures and level of detection was noted by the inspector to be compromised in a number of areas. For example:

- The inspector was not assured by the integrity of the fire doors throughout the centre. This was evidenced by viewing holes that had been drilled through bedroom fire doors, inappropriate ironmongery, gaps at the bottom of doors, door closer mechanisms were missing, plastic guarding had been applied to fire doors and some doors were found not to be fire doors. All of which comprised containment measures of smoke and fire in the centre. A fire door audit report by a specialist third party was required to review all fire doors in the centre. This had been identified in the centres fire safety risk assessment.
- The inspector was not assured of the centres fire rated construction in respect of compartmentation and fire resisting enclosures. For example: the lack of compartmentation at the main corridor adjacent to the stair and lift which included a sluice room. Furthermore, part of a wall in a store room was constructed of wooden boarding which would not achieve the required fire rating.
- The inspector was also not assured by the level of compartmentation between the adjoining building and the registered centre, which residents were observed to move freely between on the day of the inspection. A full review of compartmentation and the fire resistance of enclosures to include ceiling/wall/doors/screens is required as recommended in the fire safety risk assessment.
- There was a lack of detection missing in some areas of the centre. For example in a store room, a linen room, an admin room and in areas were

there were down stands. This required a review to ensure detection was provided for in line with the fire alarm detection system. This was identified in the fire safety risk assessment.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for St Columban's Retirement Home OSV-0000166

Inspection ID: MON-0037922

Date of inspection: 14/09/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Both the Provider Nominee and the PIC are clearly focused to ensure that the required actions are taken to bring the Nursing Home into full compliance with its obligations in this regard.</p> <p>The provider has enlisted the assistance of multiple professionals in evaluating the outcome of this fire risk assessment. As a result of this engagement, the provider has requested a copy of the Centre's fire safety certificate(s) along with all pertinent documentation from the fire authority. In addition, a fire watch will be appointed to cover the night shift as an immediate control measure. It is estimated that obtaining the necessary documentation will take between two to four weeks (Week 3 – December 2022)</p> <p>PIC requested quotation and installation in Compartmentation Nursing Home and College.</p> <p>Supplier has inspected this area and is providing a quotation to complete this work, as soon as possible. A keypad will be installed to ensure that there is no 'free mixing' between the Nursing Home and the adjoining Columban College building.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A number of short-term actions have already been actioned as set out of our Compliance Plan.</p> <p>A list of 'next steps' have been identified for outstanding actions.</p> <p>Timelines have been set for the completion of the outstanding actions.</p>	

The Nursing Home Management Team will meet (every two weeks) to review progress against these timelines.

Door, holes in door and some area which required painting has been inspected by a relevant professional on 10th Nov 2022. A proposal has been provided and accept to carried out remedial work.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A number of short-term actions have already been actioned as set out in Section 2 of our Compliance Plan. A list of 'next steps' have been identified for outstanding actions. Timelines have been set for the completion of the outstanding actions. The Nursing Home Management Team will meet (every two weeks) to review progress against these timelines.

Proposals for two larger scale pieces of work, with regard to compartmentation and fire rated construction, will be reviewed with a view to undertaking this work as quickly as possible and with as little disruption as possible to the residents of the Nursing Home. The Night Watch will regularly visit the Nursing Home during the night shift as Fire Watch. This will be an interim measure until such time as the larger scale work related to compartmentation is completed. Record / Log of Fire Watch's nightly check to be maintained.

Oxygenator removed from equipment room. Warning signage re the storage of oxygen has been provided.

Kitchen door is no longer wedged open and is closed at all times. Once a review of all Fire Doors are completed, this door will be magnetised and the door will be connected to the Alarm System.

The 'main house' has now been confirmed and identified as the external Fire Assembly point. There is sufficient signage to identify this location. This location is identified in the Fire Safety Register.

Timber Shelter area is no longer used as a smoking area. The Smoking Area has been moved away from the Nursing Home Building (to the Car Park). A metal ash tray has been provided.

Long Corridor, In Excess 15 Metres, No Cross. This area has been inspected by a relevant professional on 10th Nov 2022. The original floor map was incorrect. The provider believes that the requirement is for a corridor length to be no greater than 20 metres. On review it was found that the longest distance to the nearest Fire Door is 19 metres. The Provider believes that no further action is required. This will be reviewed further when Provider reviews original Fire Certificate and built site maps.

One Escape Staircase - This area has been inspected by a relevant professional on 10th Nov 2022.

A proposal will be provided to ensure this area is enclosed to ensure an adequate means of escape. This proposal will be provided by Week 4 December 2022.

Enclosure (under staircase) Not Fire Resisting Construction. This location has been inspected by a professional firm. on 10th Nov 2022. Oil drums stored near this location

were removed from Nursing Home on the date of the inspection on 14th September 2022. Large holes drilled into adjoining storeroom were filled with fire rated material on 15th September 2022. Quotation/ Proposal sought to provide a fire rated construction. Available by Week 3, December 2022.

Internal and External Emergency Lighting, A Professional Lighting Firm inspected on 20th September the Nursing Home's internal and external lighting, re missing lighting and to check on the required illumination. Missing Lighting has been replaced. It is confirmed that the internal and external lighting is of the required illumination. Internal Emergency Lighting within the Nursing home needs to be reconfigured from the vertical to the perpendicular.

Internal and External Fire Safety Signage were reviewed by a Professional inspected (on 10th November 2022) the Nursing Home's internal and external Fire Safety Signage. A proposal is being provided to ensure all signage is appropriate to a Nursing Home setting. A proposal will be provided by end of December 2022.

The provider is seeking bids from qualified individuals to conduct a comprehensive review of all fire doors in the facility; this individual will be engaged within the next 2 to 3 weeks.

Proposals to replace all Fire Doors in the Nursing Home and a different proposal to repair Fire Doors, where this is appropriate (and instal new Fire Doors as required) will be considered.

Initial proposals with regard to Compartmentation were completed without the benefit of the professionals having sight of the Nursing Home's original Fire Certificate and built drawings for this facility. On receipt of this documentation, a fuller review of the required work will be carried out. Full review of the Compartmentation needs to be completed.

Estimated Completion Date, end January 2023. Tender for the completion of Compartmentation work to be issued in February 2023 and completed tenders received by end April 2023. Work commissioned to complete this work in June 2023

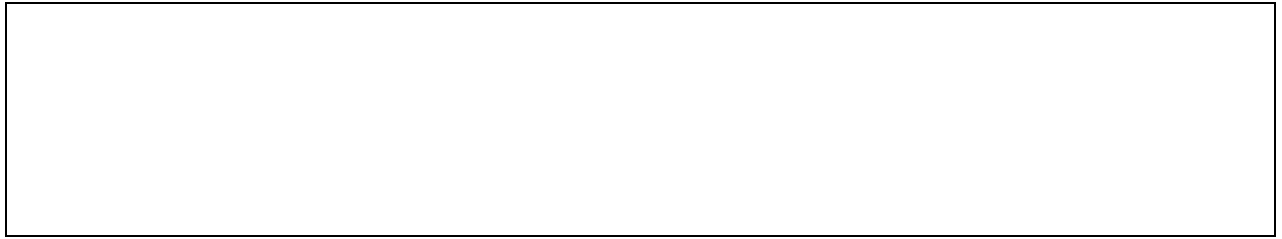
The Provider believes that the centre's original footprint satisfied I.S. 3218 requirement for L1 category detection. It is acknowledged, however, that the centre's footprint was expanded to provide additional space in response to the impact of COVID-19, which resulted in areas not being captured for detection. This issue is currently being addressed by the Provider, who anticipates a resolution within 2 to 3 weeks. Alarm Supplier have completed a review and are providing a proposal to provide detectors in – admin room and chapel. This action will be completed by 30 November 2022.

Fire Exit door were observed to be locked. PIC reviewed. This area has been inspected and the required door keys are now stored in the break glass holder beside each door. Chapel area has been inspected by a relevant professional on 10th Nov 2022 Awaiting a proposal to encase electrical board in a fire resisting material and to install a Fire Door, to the Chapel.

A relevant provider has completed an initial review of the Fire Rated Construction of this facility, on the on 10th Nov 2022. On receipt of the facility's original Fire Certificate and built drawings, a full assessment will be completed. A proposal will be sought, to identify short term work such as the replacement of the attic hatches as an initial mitigation measure.

As set out above, a full review of all Fire Doors is being carried out, with a view to completing all repaired by 31st March 2023 or replacing all Fire Doors by 31st June 2023. All staff received training by end of 31st October 2022. PIC reviewed training matrix regular to make sure all staff have all training up to date. Fire drill is practise. New company assigned to Fire training including fire drill practise are met to standards.





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/03/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Red	31/03/2023

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	30/11/2022
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/03/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Not Compliant	Orange	31/10/2022

	procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/11/2022